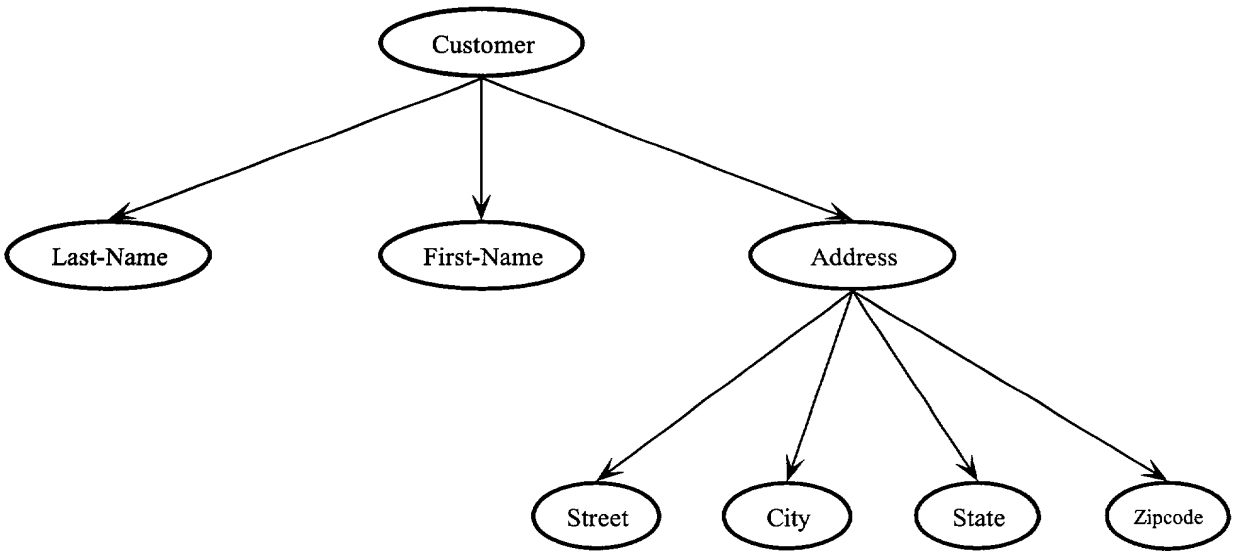

Figure 1A

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      < LAST-NAME > Jones < /LAST-NAME > <
      FIRST-NAME > David < /FIRST-NAME > <
      ADDRESS>
            < STREET > 8008 Greely Ct. < /STREET > <
            CITY > Anytown < /CITY > <
            STATE > Virginia < /STATE > <
            ZIPCODE > 12345 < /ZIPCODE >
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< /CUSTOMER >
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Figure 1B

T0C2C0 E201T660

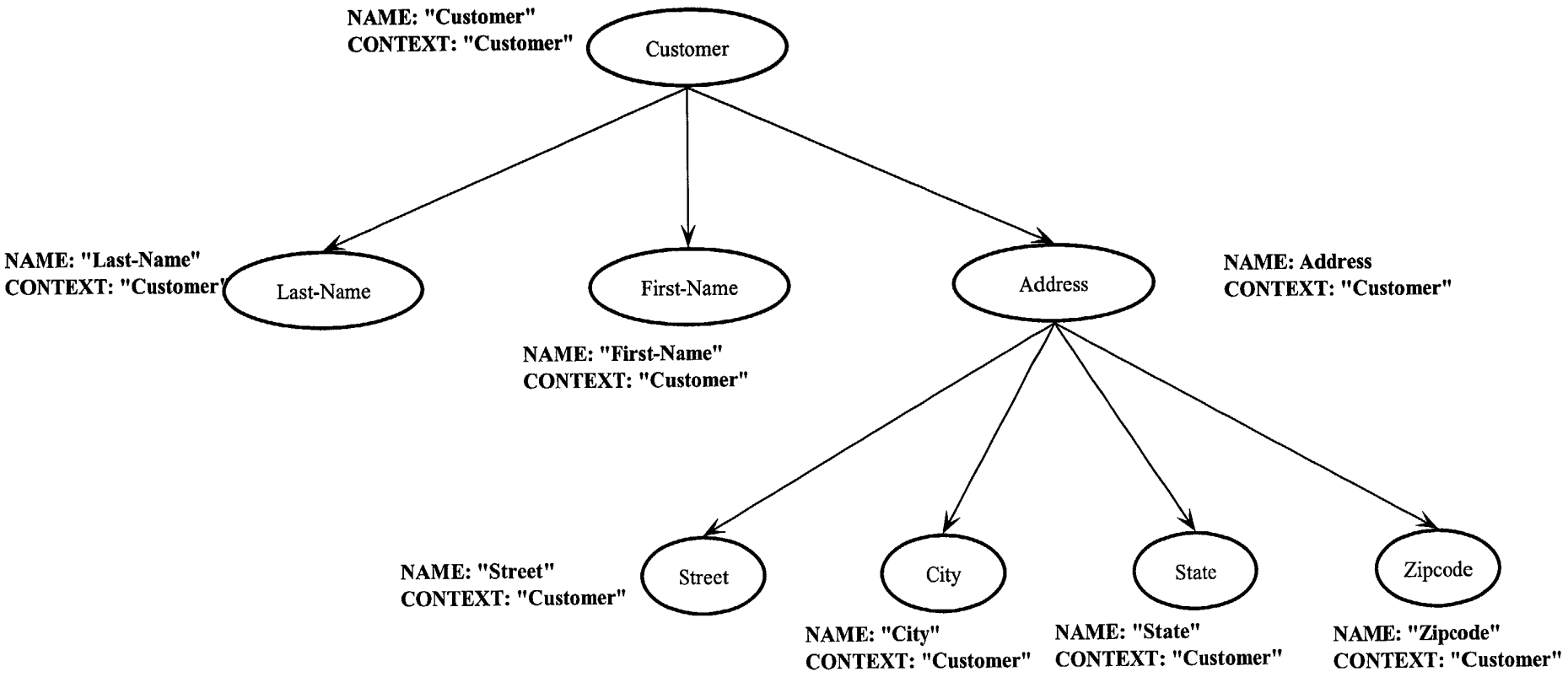

Figure 2

T0E20 E20T660

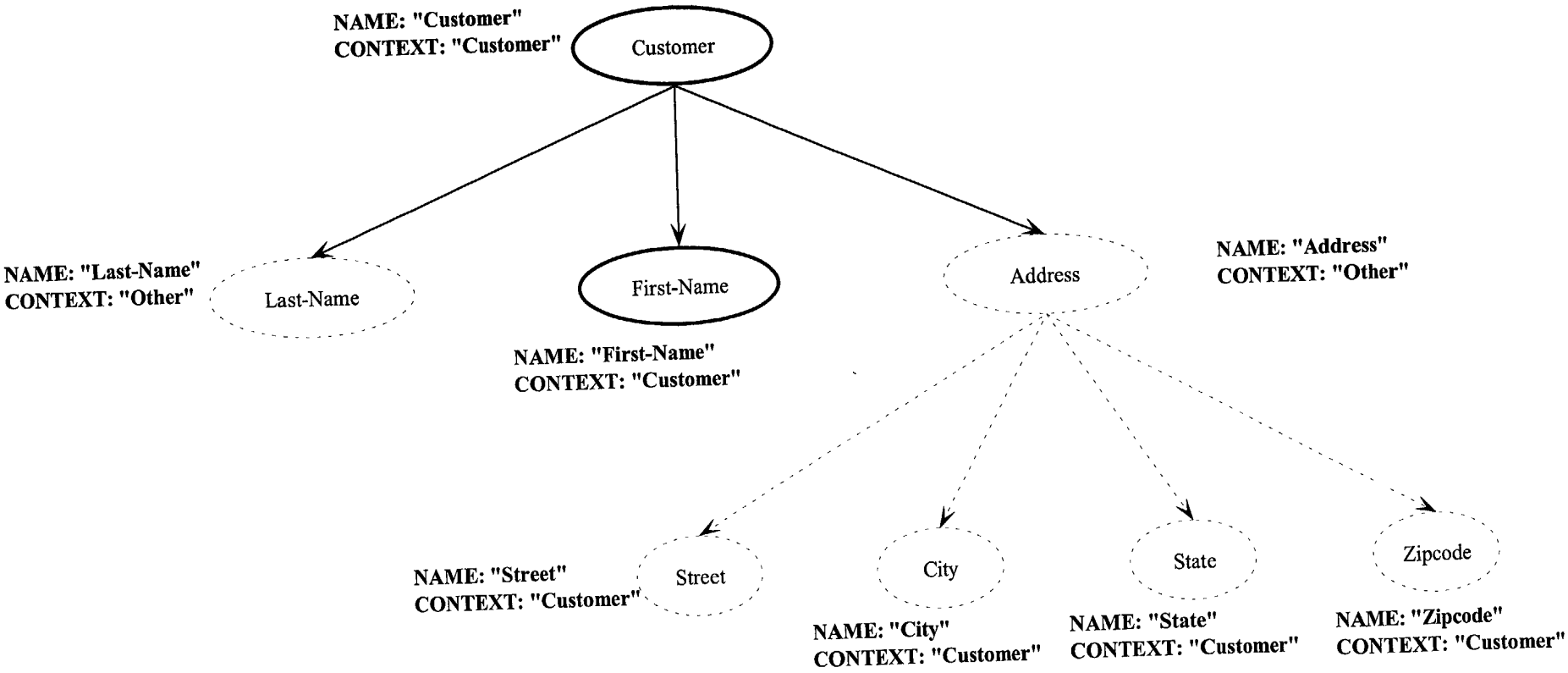

Figure 3

FOE220 E20FF660

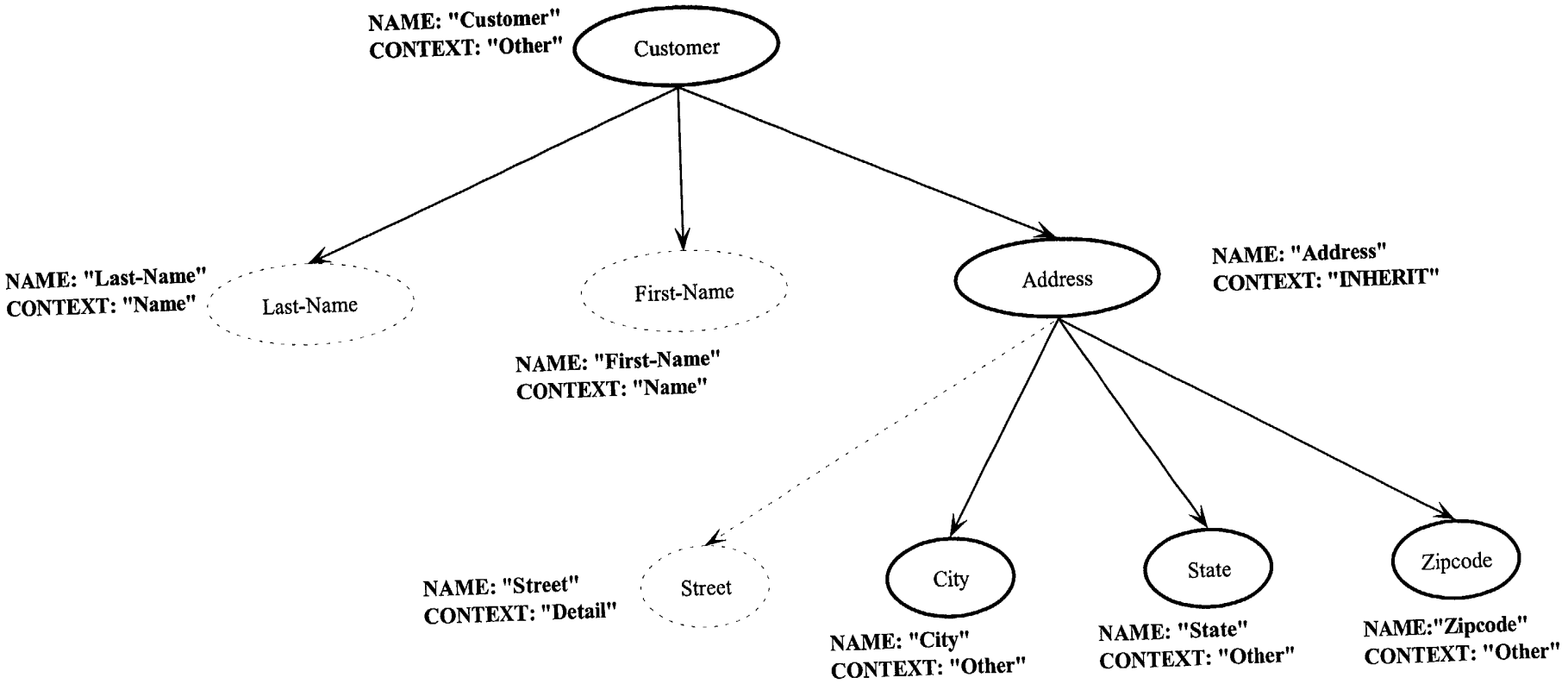

Figure 4

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        <PAGE NAME="PAGE2"/>
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    <CHAPTER2 NAME="ADVANCED HELP" CONTEXT="EXPERT">
        <PAGE NAME="PAGE3"/>
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</BOOK>
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Figure 5A

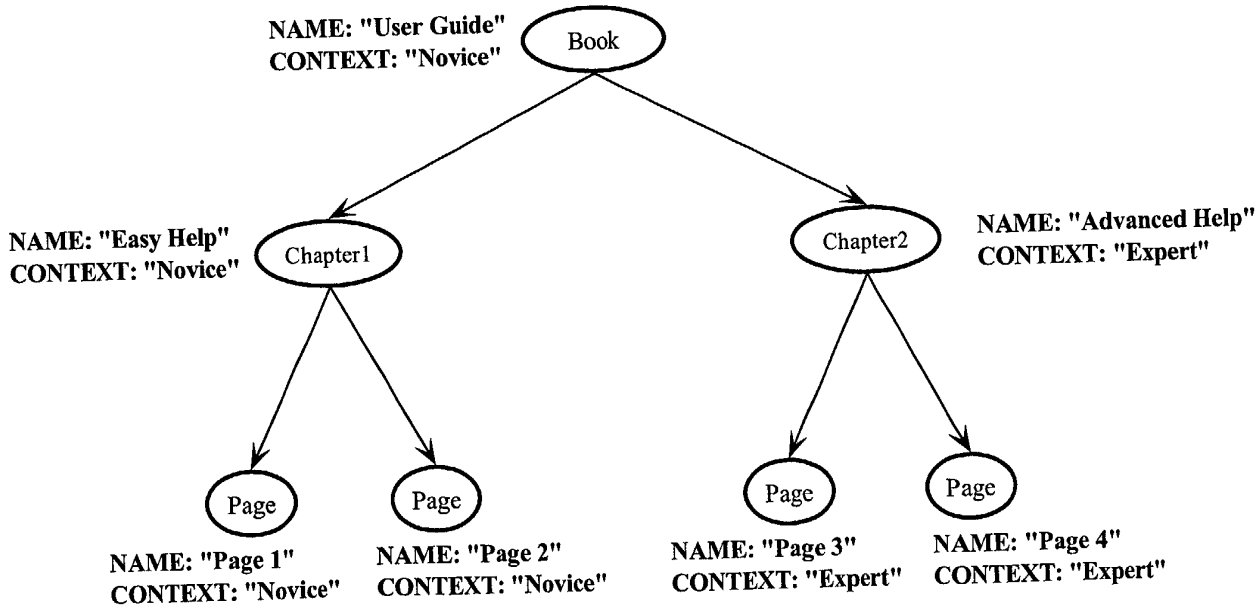

Figure 5B

FOE20 E20T660

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        <PAGE NAME="PAGE2"/>
    </CHAPTER1>
</BOOK>
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Figure 5C

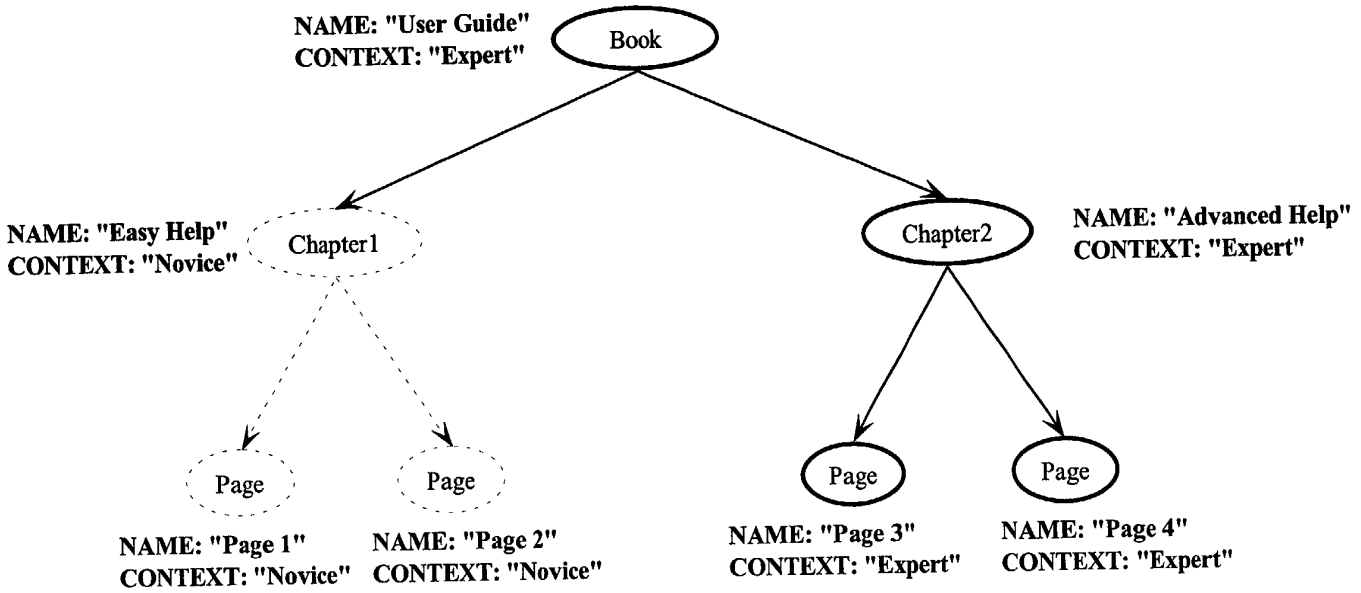

Figure 6A

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</BOOK>
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Figure 6B

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Figure 7A

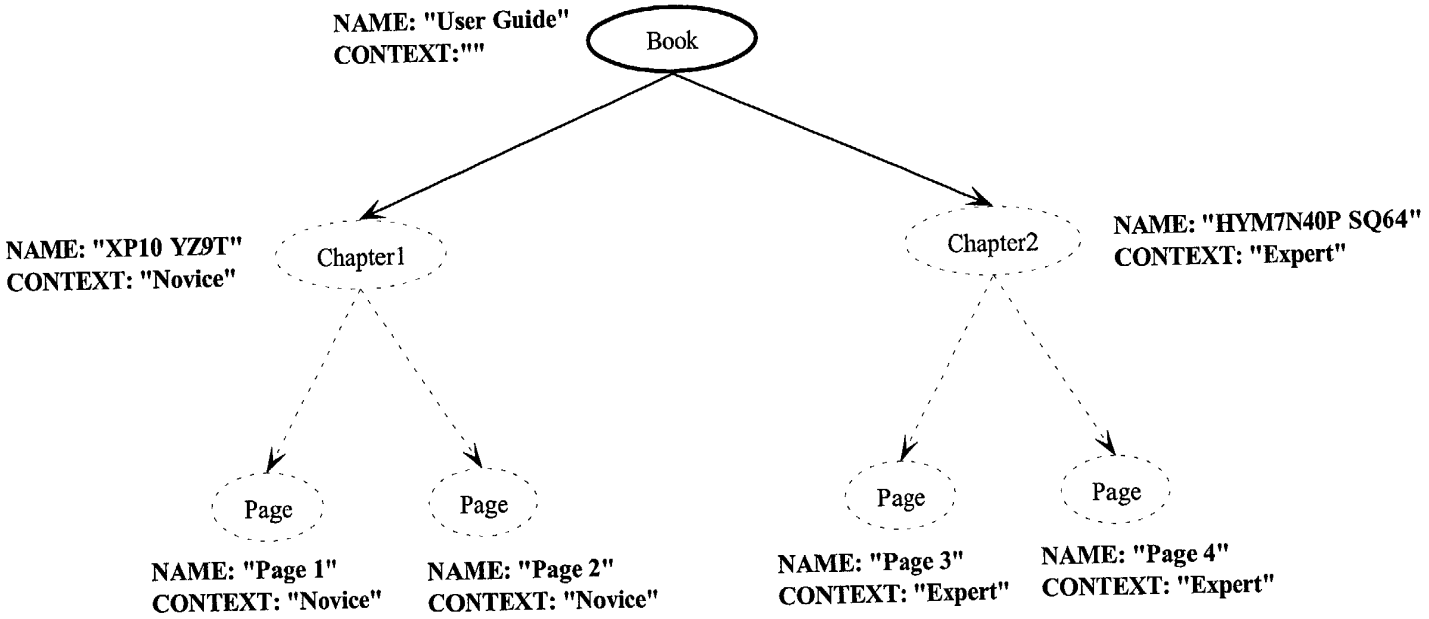

Figure 7B

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Figure 8A

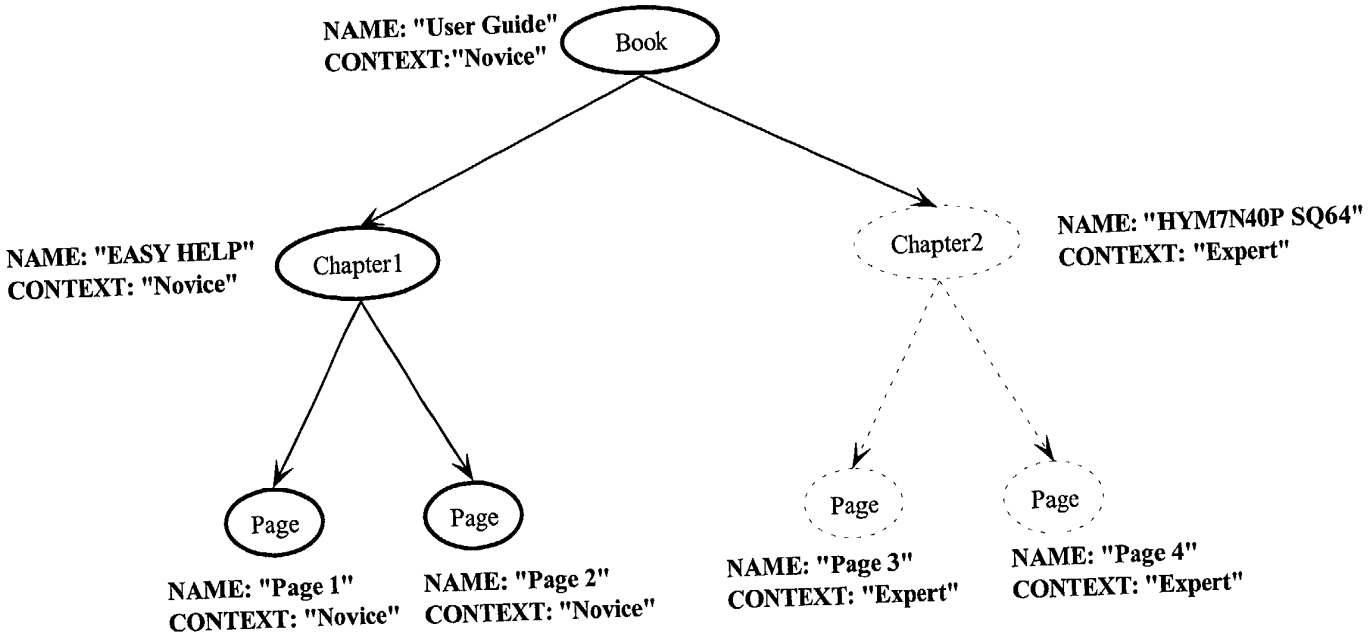

Figure 8B

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        </CHAPTER>
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</BOOK
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Figure 9A

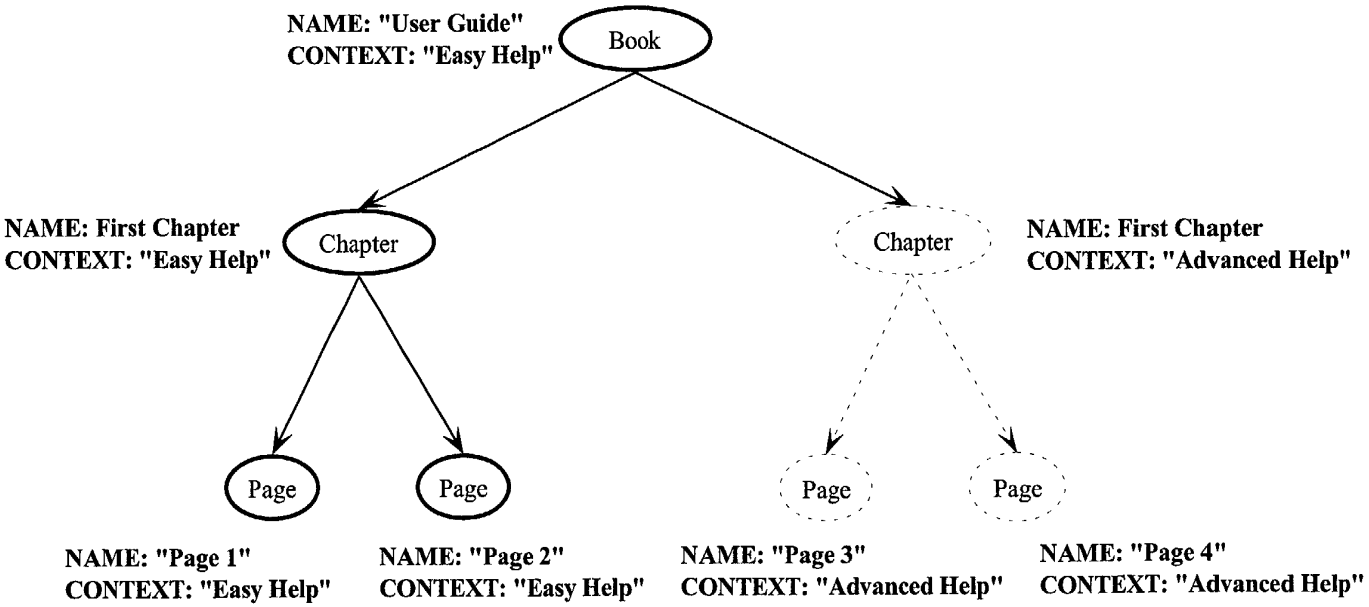

Figure 9B